



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY PHYSICAL DISABILITY AGENCY  
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WASHINGTON DC 20307-5001

AHRC-DZB

19 June 2007

MEMORANDUM FOR PHYSICAL EVALUATION BOARD PRESIDENTS

SUBJECT: Policy/Guidance Memorandum #19: Rating Asthma (VASRD Diagnostic Code 6602) using Pulmonary Function Tests (PFTs).

1. Purpose: To clarify how to apply the results of PFTs to the VASRD for adjudication purposes.
2. Reference:
  - a. VASRD DC 6602.
  - b. DVA Fast Letter, August 5, 1997, Subject, Revised fast letter 97-67 – Pulmonary Function Tests in the Evaluation of Respiratory Conditions (replaces fast letter 97-67 of June 17, 1997).
3. Discussion:
  - a. Bronchodilators relax the airways and improve lung function. They are a mainstay of treatment for Soldiers already diagnosed with asthma.
  - b. PFTs measure various lung volumes. Unless the administration of bronchodilators is medically contraindicated, PFTs are performed before and after the administration of bronchodilators. If a Soldier is already on bronchodilators, the Soldier is generally told not to use the bronchodilator the day he or she is scheduled to have PFTs. The results of the PFTs are used to help determine the etiology and the severity of the Soldier's respiratory condition(s). Also see reference 2b, above, attached.
  - c. The results of PFTs obtained after the administration of bronchodilators reflect the best possible functioning of an individual and reflect the level of functioning that can be achieved with proper medical management.
  - d. It is expected that Soldiers are prescribed and receive proper medical management. Therefore, compared to PFTs obtained prior to the administration of bronchodilators, the results of PFTs obtained after the administration of bronchodilators more accurately reflect the Soldier's level of functioning, i.e., level of disability.
  - e. Evaluation criteria for rating asthma include PFTs; a Soldier's use of asthma medication (including frequency and type of medication use); frequency of visits to a physician for required care of asthma exacerbations; and attacks per week with episodes of respiratory failure. *Soldiers who are found unfit for asthma are rated based on the evaluation criteria which provides for the highest evaluation.*

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4. Policy:


a. Post-bronchodilator studies are required when PFTs are done for disability evaluation purposes except when the results of pre-bronchodilator pulmonary function tests are normal or when the examiner determines that post-bronchodilator studies should not be done and states why.

b. *When evaluating based on PFTs*, use post-bronchodilator results in applying the evaluation criteria in the rating schedule unless the post-bronchodilator results were poorer than the pre-bronchodilator results. In those cases, use the pre-bronchodilator values for rating purposes.

5. POC: Point of contact for this memorandum is Dr. Audrey Tomlinson at (202) 782-3039.

FOR THE COMMANDER:

Encl as



CARLTON A. BUCHANAN  
COL, IN  
Deputy Commander

CF:  
HQUSAPDA Senior Staff  
DASG-HPS (COL Hobbs)  
APDAB (COL Sutton)

August 5, 1997

Director (00/21)  
VA Regional Office

213A (97-67)

**SUBJ: Revised fast letter 97-67 - Pulmonary Function Tests in the Evaluation of Respiratory Conditions** (replaces fast letter 97-67 of June 17, 1997)

1. Questions from several regional offices regarding the proper use of pulmonary function tests in the evaluation of respiratory conditions were submitted to VHA's Program Director, Pulmonary/Critical Care. VHA's Pulmonary/Critical Care Advisory Committee reviewed these questions, and the information that follows represents the consensus of this committee.
2. When the results of pre-bronchodilator pulmonary function tests are normal, post-bronchodilator studies are ordinarily not done and are not required for VA evaluation purposes. In all other cases, post-bronchodilator studies should be done unless contraindicated (because of allergy to medication, etc.) or if a patient was on bronchodilators before the test and had taken his or her medication within a few hours of the study. An examiner who determines that a post-bronchodilator study should not be done in a given case should provide an explanation. You should request this explanation if it is not provided (unless the pre-bronchodilator results are normal).
3. When available, the post-bronchodilator results should always be used in applying the evaluation criteria in the rating schedule. There is, however, a small group of patients (5 percent or less), in whom for unknown reasons there may be a paradoxical reaction to bronchodilators, i.e., the post-bronchodilator results will be poorer than the pre-bronchodilator results. When there is a paradoxical response, you should use the better (pre-bronchodilator) values.
4. When there is a disparity between the results of different tests (FEV-1, FVC, etc.), so that the level of evaluation would differ depending on which test result you use, the examiner should tell you which test result most accurately reflects the level of disability. Request this information from the examiner if he or she has not provided it.
5. When the FEV-1 is greater than 100 percent, an FEV-1/FVC ratio that is below normal should be considered a physiologic variant rather than an abnormal value.

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Director (00/21)  
VA Regional Office

6. If you have questions about this letter, please contact Carol McBrine, M.D., of the Regulations Staff, at (202) 273-7215 or by E-mail.

/s/

Kristine A. Moffitt, Director  
Compensation and Pension Service